

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008847

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** SOUTHERN BOULEVARD HOLDINGS, L.L.C.

**Current Principal Place of Business:**

6604 EASTVIEW DRIVE  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

252 ORANGE TREE DRIVE  
ATLANTIS, FL 33462

**New Mailing Address:**

FEI Number: 65-0967656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PULTS, LEON C  
Address: 6604 EASTVIEW DRIVE  
City-St-Zip: LANTANA, FL 33462

Title: MGR ( ) Delete  
Name: PULTS, GALE A  
Address: 6604 EASTVIEW DRIVE  
City-St-Zip: LANTANA, FL 33462

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PULTS, LEON C  
Address: 252 ORANGE TREE DRIVE  
City-St-Zip: ATLANTIS, FL 33462

Title: MGR (X) Change ( ) Addition  
Name: PULTS, GALE A  
Address: 252 ORANGE TREE DRIVE  
City-St-Zip: ATLANTIS, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEON PULTS

MGR

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date